

<b>Group Name</b>			
<b>Contact Person</b>			
<b>Phone #</b>		<b>E-mail</b>	
<b>Alternate Contact</b>			
<b>Phone #</b>		<b>E-mail</b>	

## Event Scheduler Request

*(return to receptionist)*

*The items listed below are requested.*

*Confirmation of event will be sent if time and space are available.*

**Date Submitted:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

*Revised 4/27/2016*

#	Day/s	Setup Time Days/Date	Time Event begins Event ends	Expected Attendance #	Room Requested	1 Time Event Yes/No	Recurring? Date Begins Date Ends	Cancel or change (Office)	Date Confirmed (Office)
1									
2									
3									
4									
5									
6									

*Comments: Note any recurring event date exceptions: (Example Holy Day, Holiday, etc.) If you do not have enough room to list, use back of form. Please note the number event and state any exceptions.*